

<i>SERFF Tracking Number:</i>	<i>AGNN-126470424</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Variable Annuity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44687</i>
<i>Company Tracking Number:</i>	<i>VL 17452 VER 5/2009</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>SRA Application</i>		
<i>Project Name/Number:</i>	<i>/VL 17452 VER 5/2009</i>		

Filing at a Glance

Company: The Variable Annuity Life Insurance Company

Product Name: SRA Application

SERFF Tr Num: AGNN-126470424 State: Arkansas

TOI: A02I Individual Annuities- Deferred Non-Variable

SERFF Status: Closed-Approved- Closed State Tr Num: 44687

Sub-TOI: A02I.002 Flexible Premium

Co Tr Num: VL 17452 VER 5/2009 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Natalie Prevost

Disposition Date: 01/28/2010

Date Submitted: 01/25/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number: VL 17452 VER 5/2009

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Simultaneously filing in Texas

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 01/28/2010

Explanation for Other Group Market Type:

State Status Changed: 01/28/2010

Deemer Date:

Created By: Natalie Prevost

Submitted By: Natalie Prevost

Corresponding Filing Tracking Number:

Filing Description:

VIA SERFF

Re: The Variable Annuity Life Insurance Company

NAIC# 70238

FEIN# 74-1625348

Form# VL 17452 VER 5/2009 Annuity Application and Disclosure Form

SERFF Tracking Number: AGNN-126470424 State: Arkansas
Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 44687
Company Tracking Number: VL 17452 VER 5/2009
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
Variable
Product Name: SRA Application
Project Name/Number: /VL 17452 VER 5/2009

Dear Mr/Ms:

Enclosed for your review and approval is the above reference form. This filing does not contain any unusual or controversial items. This is a new form and does not replace any forms previously approved by your Department. This form will be marketed to individuals in the general market and home office issued.

Form VL 17452 VER 5/2009 is intended for use with policy form SRA-1004 approved by your Department on 12/15/2004. SRA-1004 is available for general use and sold by the Company's agents in the field. This product is also used for conservation purposes in those instances where a client is looking to move from an older product with fewer benefits into a new annuity which offers more attractive rates and features. Application form VL 17452 VER 5/2009 will be utilized with the SRA-1004 in those situations where the product is used for conservation. When the product is sold for general use in the field, the existing application VL 17047 VER 5/2009 will be used with the product.

If you have any questions or need additional information, please contact me at 713-831-8705 or via mail at Natalie.Prevost@aigretirement.com. I look forward to your formal notification of approval.

Sincerely,

Natalie Prevost

Natalie Prevost
Legal Analyst

Enclosures

Company and Contact

Filing Contact Information

Natalie Prevost, natalie.prevost@aigretirement.com
2919 Allen Parkway 713-831-8705 [Phone]
L10-30 713-831-6932 [FAX]
Houston, TX 77019

Filing Company Information

The Variable Annuity Life Insurance Company CoCode: 70238 State of Domicile: Texas
2929 Allen Parkway, L10-30 Group Code: 11 Company Type:

SERFF Tracking Number:	AGNN-126470424	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/28/2010	01/28/2010

<i>SERFF Tracking Number:</i>	<i>AGNN-126470424</i>	<i>State:</i>	<i>Arkansas</i>
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	<i>Variable</i>		
<i>Product Name:</i>	<i>SRA Application</i>		
<i>Project Name/Number:</i>	<i>/VL 17452 VER 5/2009</i>		

Disposition

Disposition Date: 01/28/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	SOV		Yes
Form	SRA Application		Yes

SERFF Tracking Number: AGNN-126470424 State: Arkansas

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Company Tracking Number: VL 17452 VER 5/2009

TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
Variable

Product Name: SRA Application

Project Name/Number: /VL 17452 VER 5/2009

Form Schedule

Lead Form Number: VL 17452 VER 5/2009

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	VL 17452 VER 5/2009	Application/SRA Application Enrollment Form	Initial		45.600	VL 17452_0509 (2).pdf



FILED COPY

Set Rate Annuity Application and Disclosure Form

The Variable Annuity Life Insurance Company (VALIC), Houston, Texas

(SRA 1004) VALIC Account #: _____

1. OWNER

Name: _____ SSN or Tax ID: _____
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev. Gender: ☐ Male ☐ Female Date of Birth: _____
☐ Married ☐ Not Married ☐ Civil Union/Domestic Partner (If recognized by your state, see Information page(s).)]
Residence Address*: _____
City: _____ State: _____ ZIP: _____ Daytime Phone: (_____) _____
Mailing Address* (if different from above): _____
City: _____ State: _____ ZIP: _____
*All accounts will be updated with these addresses.

2. ANNUITANT (Non-Qualified Annuity only, if different from the Owner.)

Upon the death of the Annuitant, prior to the beginning of an income plan, the Owner may designate a new Annuitant. If no designation is made within 30 days of the death of the Annuitant, the Owner will become the Annuitant.

Name: _____ SSN or Tax ID: _____
Address: _____ City: _____ State: _____ ZIP: _____
Daytime Phone: (_____) _____ Relationship to Owner: _____
Gender: ☐ Male ☐ Female Age: _____ Date of Birth: _____

3. OWNER'S BENEFICIARY DESIGNATION

If no percentage is indicated, benefits will be paid equally to beneficiaries of record. Percentage must total 100%.

PRIMARY: Name:	Relationship or Trustee Name:	SSN or Tax ID: (Optional)	Date of Birth or Trust Date:	Percentage (Whole) %:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CONTINGENT: Name:	Relationship or Trustee Name:	SSN or Tax ID: (Optional)	Date of Birth or Trust Date:	Percentage (Whole) %:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. PURCHASE PAYMENT

MVA Interest Rates (Effective Annual Rates): First Year: _____% Years 2 through (____): _____%
Term Period: ☐ 3-year ☐ 5-year ☐ 7-year ☐ 8-year ☐ 9-year ☐ 10-year
Single Premium Payment: \$ _____ Annuity Date: _____
PLAN TYPE (required): ☐ Non-Qualified ☐ Qualified
Tax-Qualified Plans: ☐ Traditional IRA ☐ SEP IRA ☐ Roth IRA ☐ 403(b)
Check one: ☐ Initial Contribution for Tax Year: _____ ☐ Transfer ☐ Rollover ☐ Roth IRA Conversion Year _____
Will this annuity replace or be exchanged for existing life insurance or annuities? ☐ Yes ☐ No

5. INVESTOR PROFILE

What are your objectives for the funds under consideration? ☐ Safety of Principal ☐ Income ☐ Long-Term Growth
Do you anticipate needing access to more than 10% of the account value in a given year during the surrender period of this annuity? ☐ Yes ☐ No
Annual Household Income ☐ [Under \$50,000] ☐ [\$50,000 – \$100,000] ☐ [Over \$100,000 list amount: \$ _____]
Net Worth (excluding value of primary residence) ☐ [Under \$50,000] ☐ [\$50,000 – \$100,000] ☐ [Over \$100,000 list amount: \$ _____]

[Arizona Residents: On written request, we are required to provide within a reasonable time reasonable factual information regarding the benefits and provisions of the annuity contract to the annuity contract holder and if for any reason the contract holder is not satisfied with the annuity contract, the contract holder may return the annuity contract within 20 days, or within 30 days if the contract holder is 65 years of age on the date of application for the annuity contract, after the contract is delivered and receive a refund of all payments allocated to the fixed investment options(s), the variable investment option(s) accumulation value on the date the contract is returned, and any fees or charges on any investment option.]

6. IDENTITY VERIFICATION:

☐ Driver's License ☐ Passport ☐ Alien Registration ☐ Other Government Issued I.D.
☐ Other (Please Describe): _____ Document Number (required): _____
Issued By (required): _____ Issue Date (if available): _____ Expiration Date (required): _____

7. DOCUMENT DELIVERY CHOICES (SELECT ONE)

☐ Electronic delivery ☐ Paper delivery E-mail Address: _____
Electronic delivery is a free service though you may pay Internet service provider fees to access the Internet or receive e-mails. VALIC will send e-mail notices when transaction confirmations and account statements are available for viewing and/or printing online.

8. DISCLOSURE

This is a summary of the provisions of your annuity, but it is not a part of your contract. Your annuity contract contains complete details.

The SRA is a single-premium deferred annuity with a market value adjustment ("MVA"). The SRA has a premium guarantee backed by The Variable Annuity Life Insurance Company ("VALIC"), which provides that your value at cancellation will be equal to or greater than your premium paid less any previous withdrawals.

The SRA is designed for the long-term contract holder who wishes to benefit from the advantage of tax-deferral. This annuity is not appropriate for those who may have short-term goals or need liquidity. Significant penalties may apply to early withdrawals. Consult your tax advisor regarding your specific situation.

Initials**MVA Term**

The initial MVA Term is _____ years, the period of time for which the initial MVA Interest Rate is guaranteed. At the end of the MVA Term, your annuity will automatically renew for an MVA Term of the same length, unless you request otherwise.

MVA Interest Rate

The effective annual interest rate credited during the initial MVA term is _____. Depending upon the MVA Term period selected, you may receive an additional interest bonus of _____% payable during the first year only. A new rate will be declared for each subsequent MVA term.

Minimum Guaranteed Interest Rate (for subsequent terms)

The effective annual interest rate will be declared from time to time by the Company and is guaranteed to always be at least:

☐ **2.0%** ☐ _____% **Index Rate** (To be completed by the financial advisor. Indicate the minimum guaranteed rate in effect for this contract.)

This guaranteed minimum interest rate will remain in effect for the life of the contract and is not subject to change.

The expense charges may be higher and/or the interest credits may be lower for a contract with a bonus than the charges or credits for a contract without a bonus. The amount of the bonus may be more than offset by the charges and/or reduced interest associated with the bonus.

Withdrawals**Permitted Free Withdrawals**

After the first contract anniversary, you may take free cumulative withdrawals each contract year, not exceeding 10% of the current annuity value. The withdrawals are not subject to any market value adjustment or early withdrawal charge. Additionally, you may take a full or partial withdrawal within the 30-day period following the end of an MVA Term without incurring a market value adjustment or early withdrawal charge, provided the first MVA Term is at least three years.

Market Value Adjustment

During an MVA Term, withdrawals in excess of permitted free withdrawals will be subject to a market value adjustment. Depending on current interest rates, the effect of the market value adjustment may be positive or negative.

Early Withdrawal Charges

Except for withdrawals during the 30-day window at the end of an MVA Term, full or partial withdrawals (in excess of any permitted free amounts) made during the first seven years will be subject to a market value adjustment, as described above, and early withdrawal charges, as described below:

Contract Year	1st	2nd	3rd	4th	5th	6th	7th	8th & thereafter
Charge %	7%	6%	5%	4%	3%	2%	1%	0%

FEDERAL TAX PENALTY: Withdrawals prior to age 59½ are generally subject to a 10% federal income tax penalty. Certain exceptions may apply. Tax-qualified contracts such as IRAs, 401(k)s, etc., are tax-deferred regardless of whether or not they are funded with an annuity. If you are considering funding a tax-qualified retirement plan with an annuity, you should know that an annuity does not provide any additional tax-deferred treatment of earnings beyond the tax-qualified plan or program itself. However, annuities do provide other features and benefits such as death benefits and income payment options.

ACCOUNT STATEMENTS: Will be provided quarterly.

FREE LOOK: I have a specific number of days (a "free-look" period) in which I may surrender my contract without incurring any surrender charges.

9. HOME OFFICE ONLY

☐ 22054 - Qualified HO Agent #: _____ ARU Name: _____
☐ 22254 - NQHO Region #: _____
☐ 22554 - Shared

10. SIGNATURES

[Are you as the owner of this account an active duty service member of the United States Armed Forces? ☐ No ☐ Yes (If yes, complete VL 22059.)
Do you have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No

Will this annuity replace, discontinue or change any existing life insurance or annuity contract in this or any other company? ☐ Yes ☐ No]

By signing this form, I represent that all statements, answers, and affirmations are complete and true to the best of my knowledge and belief. I hereby acknowledge that I have read and understand the information provided in the Information page(s).

I understand that I am applying for a market-value adjustment annuity. **I understand that amounts payable under the contract are subject to a market value adjustment and to an early withdrawal charge for the period specified in the contract.**

Although you have agreed to purchase a Set Rate Annuity, access to funds in the contract may be restricted if this form is not signed and returned.

The undersigned Owner(s) acknowledges that he/she has read and understands the above items, has received a copy of this application and certifies that he/she has paid a premium of \$_____ to purchase a Set Rate Annuity from The Variable Annuity Life Insurance Company (VALIC).

Signed this _____ day of _____, _____ at City: _____ State of: _____

Owner's Signature

Owner's Name (Print)

Owner's SSN

11. REPRESENTATIVE INFORMATION

[To the best of my knowledge the applicant has an existing life insurance policy or annuity contract. ☐ Yes ☐ No

Do you have any reason to believe the annuity applied for will replace or change any existing life insurance or annuity? ☐ Yes ☐ No

As agent, have you complied with all State Replacement Regulations and completed all required State Replacement Forms? ☐ Yes ☐ N/A]

If there are existing life insurance policies or annuity contracts, I have attached a copy of each disclosure statement and a list of companies involved and indicated cost basis.

By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.

Licensed Agent's Signature

Licensed Agent (Print name)

Region #

State License #

Agent #

Please detach and return this page in the enclosed return envelope.

Information

[California Senior Disclosure: Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.]

FRAUD WARNINGS

In some states we are required to advise you of the following: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

[Arkansas, North Dakota, South Carolina, South Dakota and Texas Residents Only: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

Colorado Residents Only: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia and Rhode Island Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.

Kentucky, New Mexico, Ohio and Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Louisiana, Maryland and Massachusetts Residents Only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine, Tennessee, Virginia and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

New Jersey Residents Only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oklahoma Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claims for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

[CIVIL UNION/DOMESTIC PARTNER

Although your state may recognize civil unions or domestic partners, Federal law governing annuities and/or retirement plans may not afford a civil union or domestic partner the same rights and options afforded to a spouse as defined in the Federal Defense of Marriage Act. For example, a civil union or domestic partner might not receive spousal protection under ERISA and pay out options available to the civil union or domestic partner upon death of the participant may differ from those available to a spouse.]

Please send completed forms to:

VALIC Document Control
[P.O. Box 15648
Amarillo, TX 79105-5648]

Call **1-800-448-2542** for assistance.

Overnight Delivery:

VALIC Document Control
[2271 S.E. 27th Avenue
Amarillo, Texas 79103]

<i>SERFF Tracking Number:</i>	<i>AGNN-126470424</i>	<i>State:</i>	<i>Arkansas</i>
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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment:			
FLSHCERT_np.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	n/a- application only filing		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Life & Annuity - Acturial Memo		
Bypass Reason:	n/a- application only filing		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	SOV		
Comments:			
Attachment:			
Statement-Var.pdf			

CERTIFICATION

VARIABLE ANNUITY LIFE INSURANCE COMPANY, NAIC # 70238, hereby certifies that the following form(s) comply with the Flesch scale of readability requirements of your State and the forms achieved the following score:

<u>Form Number</u>	<u>Form Description</u>	<u>Flesch Score</u>
VL 17452 VER 5/2009	SRA Application	45.6



Tracey Harris
Vice President

January 25, 2009
Date

STATEMENT OF VARIABILITY

FORM: VL 17452 VER 5/2009

1. **Section 1 OWNER:** The box that states " Civil Union/Domestic Partner (If recognized by your state, see information page.)" is bracketed. This statement will either be included or not appear on the applications.
2. **Section 4, Purchase Payment:** The duration of the term depend on market conditions and will range between three and ten years and will vary according to economic conditions. Any changes will be applicable only to new issues.
3. **SECTION 5, Investor Profile:** The dollar amounts in the Financial Situation Section may be increased to be more meaningful depending on inflation and other economic conditions.
4. **Arizona Residents:** To allow for changes in the wording due to changes in state or federal regulations.
5. **Section 10, Signatures: Replacement Information:** To allow for flexibility in the information collected and to make changes to comply with state or federal requirements. Replacement information will always be on the application as required, but may be subject to change based on state or federal updates.
6. **Section 11, Representative Information: Replacement Information:** To allow for flexibility in the information collected and to make changes to comply with state or federal requirements. Replacement information will always be on the application as required, but may be subject to change based on state or federal updates.

INFORMATION:

- a. The following items are bracketed: to allow for changes in wording required because of a change in state or federal regulations. These items will appear on the application, but may be modified or new text may be added to comply with applicable regulations.
 - California Senior Disclosure
 - State specific Fraud Warnings
 - Civil Union / Domestic Partner Disclosure
- b. The contact of the company is bracketed for administrative purposes. Any changes will be for future use only, and a non-discriminatory basis.



Tracey Harris - Vice President
The Variable Annuity Life Insurance Company

January 25, 2010

Date